



County of San Diego

HIV-1 Viral Load Test Request

Complete fully and send top page of this form with test sample to San Diego County Public Health Lab
Note: all data fields are required except for patient medical record number

Test Requested: Abbott Real-time PCR	Patient Name (as it appears on RW Eligibility List) _____ _____ _____ LastFirstMI *Regional lab – remove name before sending data to VRDL
Authorized Location Name _____ Address (number, street) _____ City _____	Clinic's Patient Medical Record Number (Optional) _____
VLT Location Number Submitting Physician 37 (4 digits) _____	Date of Birth (mm/dd/yyyy) ____/____/____
Specimen Date blood collected (mm/dd/yyyy) ____/____/____ Time blood collected <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. _____ Date plasma frozen (mm/dd/yyyy) ____/____/____ Time plasma frozen <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. _____ Sample prepared and shipped according to the test manufacturer's instructions? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender (Select only one) <input type="checkbox"/> (1) Male <input type="checkbox"/> (3) Transgender (Male to Female) <input type="checkbox"/> (2) Female <input type="checkbox"/> (4) Transgender (Female to Male) <input type="checkbox"/> (9) Unknown
	Client Eligibility (From RW Eligibility List) <input type="checkbox"/> Ryan White Primary Care Program (RW)

Questions or requests regarding
This form or process:
HIV, STD, Hepatitis Branch (619) 293-4712

Eligibility status:
United Healthcare (858) 495-1326

Pick-up or Results:
Public Health Lab (619) 692-8500

Distribution:
White: Public Health Lab with the sample
Yellow: Client file

For Laboratory use ONLY	
Laboratory accession number	
Date Specimen was received	Time specimen was received
Date result was reported	Microbiologist/technologist initials
Standard (RNA copies/ml)	Ultrasensitive (RNA copies/ml)
bDNA (RNA copies/ml)	NucliSens (RNA copies/ml)
Voucher #	
Client URN	